



PTO/SB/08B (07-05)

Substitute for form 1449B/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)				Complete if Known	
				Application Number	10/524,252
				Filing Date	February 9, 2005
				First Named Inventor	Taylor (Deceased), Reginald M.
				Art Unit	1621 4173
				Examiner Name	To Be Assigned Paul Dickinson
Sheet	1	of	1	Attorney Docket Number	025913-000200US

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number Kind Code ² (if known)			
	A1				
	A2				

FOREIGN PATENT DOCUMENTS								
Examiner Initials*	Cite No. ¹	Foreign Patent Document			Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ²
		Country Code ³	Number ⁴	Kind Code ⁵ (if known)				
	B1	WO	94/02132	A1	2-3-1994	Glyzinc Pharmaceuticals Limited		<input type="checkbox"/>
	B2	WO	94/02133	A1	2-3-1994	Glyzinc Pharmaceuticals Limited		<input type="checkbox"/>
	B3	WO	87/01281	A1	3-12-1987	Glyzinc Pharmaceuticals Limited		<input type="checkbox"/>
	B4	WO	94/02131	A1	2-3-1994	Glyzinc Pharmaceuticals Limited		<input type="checkbox"/>
	B5	WO	97/27882	A1	8-7-1997	Bellara Medical Products Limited		<input type="checkbox"/>

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
	C1		<input type="checkbox"/>
	C2		<input type="checkbox"/>

Examiner Signature	/Paul Dickinson/	Date Considered	11/01/2007
-----------------------	------------------	--------------------	------------

* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.